

CENTERS FOR AIDS RESEARCH (CFARs)

NIH GUIDE

PA-98-AI-011

P.T.

National Cancer Institute (NCI)

National Heart, Lung and Blood Institute (NHLBI)

National Institute of Allergy and Infectious Diseases (NIAID)

National Institute of Child Health and Human Development (NICHD)

National Institute on Drug Abuse (NIDA)

National Institute of Mental Health (NIMH)

RECEIPT DATES

There will be a single receipt date each year.

Letter of Intent: May 15

Application: June 18

PURPOSE

Participating Institutes of the National Institutes of Health (NIH) invite applications for center core grants (P30) to support Centers for AIDS Research (CFARs). CFAR cores provide infrastructure and promote basic, clinical, behavioral and translational AIDS research activities at institutions that receive significant AIDS funding from multiple NIH Institutes or Centers. CFARs foster synergy and improve coordination of research, support emerging research opportunities, and promote economy of scale through resources shared by multiple independent laboratories. CFARs also encourage other activities that serve the requirements of AIDS research. CFARs are not intended to be “Centers of Excellence” in specific areas of AIDS research, but instead are intended to promote all AIDS research efforts at CFAR institutions. Before preparing an application to support a CFAR, investigators are urged to consult with the program staff listed under “Inquiries.”

DEFINITIONS

Throughout this program announcement P30 applications to support CFARs are abbreviated as “CFAR applications” and the corresponding P30 awards to support CFARs are abbreviated as “CFAR awards.” NIH CFAR awards support administrative, developmental, basic science and clinical science cores for AIDS research. AIDS research and AIDS-related research are abbreviated as “AIDS research.”

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of “Healthy People 2000,” a PHS-led national activity for setting priority areas. This program announcement (PA), CENTERS FOR AIDS RESEARCH, is related to the Priority area of “HIV infection.” Potential applicants may obtain a copy of “Healthy People 2000” (Full Report: Stock No. 017-001-00474-0) or “Healthy People 2000” (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (tel 202-783-3238).”

ELIGIBILITY REQUIREMENTS

Applications may be submitted by domestic for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of State or Local Government, and eligible agencies of the Federal Government. Foreign institutions are not eligible to apply, but CFAR cores may be located at foreign sites. Racial/ethnic minority individuals, women, and persons with disabilities are encouraged to apply as principal investigators.

- One CFAR award per Institution.

No institution will receive more than one CFAR award. Institutions that have significant overlap in faculty, resources or administration should submit only one application. Independent campuses that are part of a large multiple city university are considered to be separate institutions. Applicants may contact program staff listed under “Inquiries” for additional guidance.

- Multi-Institutional CFARs.

Two or more institutions that can demonstrate a credible plan for collaborative research networks using CFAR cores may submit an application for a single CFAR award involving multiple institutions. In particular, investigators at nearby institutions may prepare a more competitive application as a multi-institutional CFAR. A multi-institutional CFAR application must designate a prime institution that will receive the award and provide details of agreements regarding coordination and support of cores and activities at other participating institutions.

With appropriate justification, CFAR awards may support a core at a distant site, including a foreign site, that provides a unique resource such as a primate facility or a high resolution NMR facility. To achieve administrative efficiency and foster a sense of community and collaboration, it is expected that each unique resource would serve as a core for only a single CFAR, and that all cores within any single institution would be part of the same CFAR award.

- NIH AIDS Funded Research Base.

The purpose of CFARs is to support the AIDS research activities of investigators at applicant institution(s) that have significant NIH funding for AIDS research (NIH AIDS funded research base). The NIH AIDS funded research base is measured by the total cost of research awards and the number of these awards to investigators participating in the CFAR. The research base includes peer-reviewed AIDS grants, cooperative agreements, and research contracts utilizing only the following mechanisms: P01, R01, R03, R21, R29, R35, R37, U01, U10, U19, and K series awards, R18, and N01 (excluding contracts that primarily fund the production of materials or services for support of research). Excluded from the NIH AIDS funded research base are all funds from any source other than NIH.

Multi-institutional CFAR applications may combine the NIH AIDS funded research of the investigators participating in the proposed CFAR to meet the funding policies of participating Institutes described below.

- Funding Policies of Participating Institutes.

CFAR awards are intended to support AIDS research activities for applicants who receive significant NIH AIDS funds. Significant NIH AIDS funds are defined as an NIH AIDS Funded Research Base in excess of \$6 million in annual total cost for the NIH fiscal year (October 1 to September 30) preceding receipt of CFAR applications.

A CFAR award may include funds from multiple NIH Institutes. Usually, an Institute will contribute to a CFAR award only when that Institute has provided active AIDS awards totaling more than \$1 million in annual cost to three or more principle investigators who agree to participate in the CFAR.

Generally, the maximum amount of funds from each Institute will be 10% of the amount received by the applicant from that Institute for AIDS research as reported by the Office of AIDS Research for the NIH fiscal year preceding receipt of CFAR applications. The actual amount of funds will be influenced by the potential synergy and collaboration with Institute-supported investigators demonstrated by the CFAR application and the percent of Institute-supported AIDS investigators who agree to participate in the CFAR.

A CFAR award (total cost) will be limited to 10% of the amount of funds received by the applicant for AIDS funding as reported by the Office of AIDS Research for the NIH fiscal year preceding receipt of the application. Also, no CFAR award will exceed \$1.5 million annually and no participating NIH Institute will provide more than \$1.2 million for any one award

- Applications over \$500,000.

NIH Institutes participating in this CFAR program announcement have agreed to co-fund successful applicants through a review and award process administered by the NIAID. Applicants planning to submit a CFAR application applications requesting \$500,000 or more

in direct costs in any year are advised that it is important that they contact program staff listed as they begin to develop plans. Applicants should contact Dr. Janet Young at the address listed under "Inquiries" for guidance. Applications received without prior staff contact may be delayed in the review process or returned to the applicant without review (NIH GUIDE, Volume 22, Number 45, December 17, 1993).

MECHANISM OF SUPPORT

The mechanism of support will be the Center Core Grant (P30). Responsibility for the planning, direction and execution of the proposed project will be solely that of the applicant. The total requested project period may not exceed five years and applicants are encouraged to apply for five years. However, applicants are notified that grants may be awarded for three, four, or five years.

BACKGROUND

The NIAID CFAR program originated in 1988 and was renewed in 1993. The mission of the CFAR program and mechanisms for achieving this mission were developed by the CFAR directors in 1995 and revised in 1996.

The mission of the CFARs is to support a multi-disciplinary environment that promotes basic, clinical, behavioral, and translational research in the prevention, detection, and treatment of HIV infection and AIDS. The CFARs accomplish this mission by:

- Providing scientific leadership dedicated to AIDS research.
- Providing institutional infrastructure dedicated to AIDS research.
- Stimulating scientific collaboration and translational research.
- Fostering scientific communication.
- Sponsoring training and education.
- Promoting knowledge of CFAR research findings and the importance of AIDS research through community outreach.
- Facilitating development of AIDS therapeutics, vaccines and diagnostics through promotion of scientific interactions between CFARs and industry.

RESEARCH OBJECTIVES

CFARs should promote and encourage activities that enhance collaboration and coordination of AIDS research and serve the requirements of all AIDS investigators at the applicant institutions regardless of funding source.

CFAR awards support four different types of cores: administrative, developmental, basic science, and clinical studies. Each CFAR should have a single administrative and a single developmental core, and a number of basic and clinical science cores selected to support optimally the AIDS research at the applicant institution(s). The smallest CFAR would consist of one of each type of core. The definition of what constitutes a basic or clinical core should be considered sufficiently broad to meet the needs of the applicant institution(s) and may vary

among CFAR applicants. For example, epidemiology, biostatistics, and behavioral cores could be classified as either basic or clinical cores.

The successful management of AIDS resources with minimal CFAR funding is an important measure of a CFAR's value to AIDS investigators. Basic and clinical cores may be supported totally by CFAR funds, only in part by CFAR funds, or not at all by CFAR funds. Applicants are encouraged to develop creative collaborations to improve utilization of existing resources. Convincing justification will be necessary for duplication of any basic or clinical core that exists in a similar form elsewhere in the applicant institution(s). Applicants should describe how cores with partial or no CFAR funding will be used to enhance the research of CFAR investigators. For example, a CFAR core supported by other funding (e.g., an NIAID AIDS Clinical Trial Unit or a NCI core facility) may become more accessible to AIDS investigators through CFAR association and coordination.

A CFAR has considerable flexibility within its budget to alter funding of a basic or clinical core, to delete a core, or to initiate a new core. Policies should be described for changes in CFAR funding levels of initially proposed cores and for the establishment of new cores as needed to meet research needs without additional funding. Applicants should describe how the proposed policies protect and incorporate the divergent needs of CFAR investigators.

An applicant's initial choice of basic and clinical cores is an important measure of management process. Applicants should describe the basic and clinical cores to be supported at the time that the CFAR is awarded, how this choice of cores was selected, other potential cores that were evaluated but not selected, mechanisms for evaluating utilization of proposed cores, and criteria for increased or decreased funding of these cores during the course of award.

Cores should be responsive to the needs of AIDS investigators at applicant institution(s). Applicants should describe in detail the operation of the each core (quality control, procedures, safety, training, etc.). Applicants are encouraged to contact program staff listed under "Inquiries" to discuss the choice of cores that they are planning.

A CFAR has the responsibility to use its resources in the best manner to meet the needs of its investigators and the authority to alter allocation of resources within the guidelines of the CFARs operating policies and procedures. Applicants should describe how proposed policies and procedures provide oversight for different types or levels of decisions and how each of the following individuals or groups would participate in the decision process: a core director, the CFAR director, an internal advisory board, CFAR investigators, an external advisory board, NIH program staff.

Additional CFAR supported activities are encouraged. Examples include industry collaborations, development of minority scientists in AIDS research, AIDS research communications to non-scientists, addressing problems in enrollment and retention of women and minority groups in AIDS clinical trials, international collaborations, and other activities that meet the AIDS research needs of applicant institutions.

Applicants may wish to contact program staff to discuss the types of cores and additional activities that they are considering.

Commitments for continued funding in the non-competitive continuation years of all NIH grants are dependent upon the availability of funds. CFAR awards that receive co-funding from multiple Institutes may encounter decreased funding if any of these Institutes decreases their funding commitment. Therefore, applicants should describe policies and processes for CFAR “down-sizing” decisions should decreased funding be necessary in continuation years.

- Administrative core.

The administrative core is led by a CFAR director (P30 grant’s principal investigator) who should be a recognized leader in the field of AIDS research. The administrative core also may require a senior administrator, a CFAR office that is a clearly separate entity, and a modest staff for support of CFAR activities. The responsibilities and time allocation of each staff person and the proposed operation procedures for the administrative core should be described in detail. The administrative core is responsible for the management of all CFAR activities.

The administrative core section of the CFAR application should present a management plan and strategic plan for the first year of operation. Applicants should describe how the CFAR director will involve other CFAR members in the decision making process for CFAR activities. These include formation and utilization of internal and external advisory committees; development of an annual CFAR strategic plan that includes objective milestones and addresses the missions of the co-funding Institutes; efficient allocation and utilization of basic science and clinical core funds; decisions on establishment of new cores and, if necessary, decreased CFAR funding of existing cores; management of developmental funds and decision policies to meet unforeseen emerging research opportunities; and development of CFAR-sponsored conferences, seminars and workshops related to the CFAR mission.

The ability to manage the CFAR award will be judged by the clarity and thoughtfulness of the administrative core section of the proposal, and evidence for development of a management plan through acquisition of information, support, and participation of the AIDS investigators at the applicant institution(s).

- Developmental Core.

The intent of a CFAR developmental core is to support scientific studies for short periods of time to develop preliminary data for peer-reviewed research applications. Three general areas are eligible for support as developmental awards: investigators new to AIDS research who have not previously received R01-type awards in AIDS research, feasibility studies, and emerging research opportunities. Applicants may wish to consult with the program staff listed under “Inquiries” to discuss how developmental cores are used at current CFARs.

The CFAR administrative core should establish the mechanisms for allocation of developmental funds and for annual evaluation of supported activities. CFAR applicants should describe the mechanism to be used for identification, peer-reviewed selection and

outcome evaluation of projects supported by the developmental core. Applicants who have current CFARs should describe outcome evaluation of previously funded developmental projects.

The developmental core section should contain a plan for the use of the first year developmental funds.

- **Basic Science Cores.**

Basic science cores support shared research activities that cannot easily be funded through standard research granting mechanisms. Basic science cores should provide economy of scale through use by multiple laboratories and foster collaboration between basic and clinical investigators. Basic science cores should not substitute for resources that are obtainable commercially or replace existing resources normally supported by individual research grants.

CFAR applications should describe the mechanisms used to determine AIDS research basic core needs at the applicant institution(s), assign priorities to potential cores, and select the basic cores that are included in the application.

CFAR applications should describe the basic science cores to be supported at the time of the award and any changes anticipated during the course of the award. A basic science core should be designed to support multiple AIDS investigators and applicants should indicate the anticipated users and the percent time of use by each. Mechanisms should be described to select users, evaluate annual use, and justify level of continued CFAR support in comparison with other AIDS research needs at the applicant institution(s).

- **Clinical Cores.**

Clinical cores should provide the resources for AIDS translational research collaboration between clinical and basic scientists. Activities that will not be supported by a CFAR clinical core are normal patient care including screening of clinical specimens, diagnosis, treatment or rehabilitation.

CFAR applications should describe the mechanisms used to determine AIDS research clinical core needs at the applicant institution(s), to assign priorities to potential cores, and to select the clinical cores that are included in the application.

Mechanisms should be described to select users, to evaluate annual use, and to justify level of continued CFAR support in comparison with other AIDS research needs at the applicant institution(s).

- **Institutional Commitment.**

Institutional commitment is particularly important for the coordination of resources across the broad areas and potential boundaries of research supported by the co-funding Institutes. The following are some potential indicators of institutional commitment to the CFAR:

- The position and authority of the CFAR director in the applicant institution(s) organizational structure: the administrative level in the institution to whom the CFAR director reports, and the authority or influence that the CFAR director has with other AIDS projects and academic departments at the applicant institution(s).
- The amount and location of CFAR-specific space allocated to and controlled by the CFAR director.
- The CFAR director's authority in decisions on new faculty or support personnel.
- The applicant institution(s) financial and other resource support for the CFAR.

CFAR BUDGET ITEMS

- Percent Effort.

The percent effort requested should be limited to time devoted specifically to managing CFAR activities and not to research activities. The effort devoted to CFAR activities should not be that which would normally be supported by research grants. Information documenting the level of effort on CFAR activities must be included in the application. The need for all requested personnel costs should be thoroughly justified.

The percent effort of the CFAR director should be justified with the director's other responsibilities. Administrative support (secretary or an administrative assistant) should be requested for the CFAR office only for matters directly pertaining to the CFAR.

Core directors are CFAR members who are responsible for the overall technical excellence of a core facility. The CFAR supported percent effort of core directors involved in research activities should only include core management time. The CFAR may support technical staff to provide CFAR services in core facilities.

Developmental core funds should only be used for salaries for junior faculty. Established investigators with R01-type grants are expected to have salary support from other sources.

- Core Budgets.

Core budgets may include equipment, supplies, support contracts and other necessary expenses. All items should be fully justified for allocation of CFAR funds.

- Other Administrative Costs.

This category includes the costs necessary for the central administration and fiscal management of the CFAR, including relevant and reasonable costs for reprints, graphics and publications, for developmental core users.

- Travel.

CFAR directors' meeting(s) — The CFAR directors and one senior scientist per center will meet two times per year, at the NIH, at a CFAR site or at the site of a scientific conference that most of the directors plan to attend. Applicants should include travel funds specifically for these meetings in the CFAR administration core budget request. For budget purposes, applicants may assume a total annual cost for the CFAR directors meeting of \$5000.

Other Travel — Applicants may request and justify travel funds in addition to the funds required for the two directors' meetings. These funds should not be used for travel to scientific meetings. For example, this travel could promote collaboration among CFAR investigators and AIDS investigators not in a CFAR program or at distant cores. These additional travel funds should not exceed \$5000.

INCLUSION OF WOMEN AND MINORITIES IN RESEARCH INVOLVING HUMAN SUBJECTS

It is the policy of the NIH that women and members of minority groups and their subpopulations must be included in all NIH supported biomedical and behavioral research projects involving human subjects, unless a clear and compelling rationale and justification is provided that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43) and supersedes and strengthens the previous policies (Concerning the Inclusion of Women in Study Populations, and Concerning the Inclusion of Minorities in Study Populations), which have been in effect since 1990. The new policy contains some provisions that are substantially different from the 1990 policies.

All investigators proposing research involving human subjects should read the "NIH Guidelines For Inclusion of Women and Minorities as Subjects in Clinical Research," which have been published in the Federal Register of March 20, 1994 (FR 59 14508-14513) and reprinted in the NIH Guide for Grants and Contracts, Volume 23, Number 11, March 18, 1994.

LETTER OF INTENT

Although a letter of intent is not required, is not binding, and does not enter into the review of subsequent applications, the information allows staff to estimate the potential review workload and to avoid conflict of interest in the review. Applicants should contact Dr. Janet Young at the address listed under "Inquiries" for guidance.

APPLICATION PROCEDURES

Applicants are strongly encouraged to contact program staff early in application development with any questions regarding the responsiveness of their proposal to the goals of this PA.

- Application form.

Applications are to be submitted on the grant application form PHS 398 (rev. 5/95) and will be accepted only once each year on the annual receipt date. Application kits are available at most institutional offices of sponsored research and may be obtained from the Office of Extramural Outreach and Information Resources, National Institutes of Health, 6701 Rockledge Drive, MSC 7910, Bethesda, MD 20892-7910, tel: (301) 435-0714, email: asknih@odrockm1.od.nih.gov.

- Page limitations.

The “Research Plan” section of the application includes the overall description of the CFAR and all cores. The page limitations have been increased from the normal 25 page limit for a “Research Plan.” The new page limitation for the “Research Plan” is 50 pages including all tables, graphs, figures, diagrams or charts, but not including the descriptions of the basic and clinical cores. An additional 10 pages is allowed for each basic or clinical core. Applicants are strongly encouraged to be concise.

- Organization of Application.

The CFAR web site includes suggestions on how to organize and present information in the CFAR application on proposed policies and procedures, management plan, strategic plan, and advisory committee(s) authority and responsibility. Applicants are encouraged to follow the application guidelines at the CFAR web site to facilitate review and award.

- Mailing Instructions.

Applications must be mailed to both the NIH Division of Research Grants and to the NIAID Division of Extramural activities. For purposes of identification and processing, item 2 on the face page of the application must be marked “yes”. Also, the title and number of this program announcement must be typed in Item 2 (i.e., “CENTERS FOR AIDS RESEARCH (CFAR),” PA-98-AI-011). The completed signed original application and **three single sided copies** must be sent or delivered to:

DIVISION OF RESEARCH GRANTS
NATIONAL INSTITUTES OF HEALTH
6701 ROCKLEDGE DRIVE, ROOM 1040 - MSC 7710
BETHESDA, MD 20892-7710
BETHESDA, MD 20817 (for express/courier service)

Two single sided copies of the application and all appendices must be sent or delivered to:

Dianne Tingley, Ph.D.
Scientific Review Program
Division of Extramural Activities
National Institute of Allergy and Infectious Diseases

Solar Building, Room
6003 Executive Boulevard
Bethesda, MD 20892- MSC 7610
Telephone: (301) 496-2550
FAX: (301) 402-2638
Email: dt15g@nih.gov

REVIEW CONSIDERATIONS

Upon receipt, applications will be reviewed for completeness by the NIH Division of Research Grants and for responsiveness to the goals of this PA by NIAID staff. Incomplete or non-responsive applications will be returned to the applicant without further consideration. Applications that are complete and responsive will be evaluated for scientific and technical merit by an Initial Review Group (IRG) of NIAID. As part of the initial merit review, all applications will receive a written critique, assigned a priority score, and receive a second level review by an appropriate national advisory council(s) or board(s).

REVIEW CRITERIA

Review criteria are based on the mission of the CFAR Program and mechanisms for achieving this mission. The initial review group (IRG) will evaluate CFAR applications for impact, approach, and feasibility. In these evaluations, the IRG will also look for evidence of successful performance from applicants that have had CFAR awards or similar programs at their institutions.

Impact --The effect that a CFAR award would have on an applicant's AIDS research efforts.

1. The number and percent of all AIDS related research investigators at applicant institution(s) who agree to participate in the CFAR.
2. The degree of variety in AIDS research projects and disciplines that commit to participation in and coordination through the CFAR structure.
3. Institutional commitment, e.g., increased space, institutional financial support and other institutional resources that will be made available to AIDS investigators if the CFAR is funded.
4. The choice of cores to support the research base, foster synergy, coordinate AIDS research collaborations and produce an economy of scale.
5. The incorporation into the CFAR of resources (cores, projects, cohorts, trials, etc.) that are supported in part or not at all by CFAR funds.
6. Targets for scientific communication, outreach, training efforts, and collaborations with industry.
7. Plans for collaboration between investigators with divergent disciplines.

Approach -- The quality of the CFAR planning and management process.

1. Annual strategic planning process.
2. Proposed advisory groups and methods for their selection.

3. Policy and procedures to judge value of cores and reassign funding priorities.
4. Policy and procedures of the developmental core.
5. Policy and procedures to judge the success of developmental core support.
6. Policy and procedures to promote translational research collaborations and technology transfer between basic scientists, clinical scientists and industry.
7. Methods for selection of basic and clinical core users and for prioritization of use.
8. Proposed AIDS collaboration efforts at the applicant institution(s).
9. Plans for scientific communication, outreach, training efforts, and collaborations with industry

Feasibility -- The likelihood that a CFAR will achieve its objectives.

1. Choice of CFAR director, e.g., managerial experience, commitment, leadership in AIDS research and at the applicant institution.
2. Initial choice and quality of proposed cores to support collaborative studies.
3. Choice of core directors and key personnel, e.g., qualifications, competence and commitment.
4. Authority and responsibility of advisory groups.
5. Strategic plan for first year of CFAR award.
6. Evidence of research collaboration between basic and clinical scientists and indications that a CFAR award will enhance these collaborations.
7. Institutional commitment including space, institutional financial support and other institutional resources and oversight provided for CFAR activities.
8. Previous history of support for developmental projects that have successful outcomes.
9. Appropriateness of budget of the overall CFAR and of the individual cores.

In addition, applicants must demonstrate adequate provisions for the protection of human and animal subjects, the safety of the research environment, and conformance with the NIH “Guidelines for the Inclusion of Women and Minorities as Subjects in Clinical Research.”

AWARD CRITERIA

Applications will compete for available funds with all other approved applications. The following will be considered in making funding decisions:

- Quality of the proposed project as determined by peer review.
- Availability of funds.
- Institute's priority for area of proposed research.

CONDITIONS OF AWARD

The Conditions of Award will incorporate the following items proposed by the applicant with potential modifications based on recommendations of the Initial Review Committee:

- CFAR Policies and Procedures.

- CFAR Management Plan.
- CFAR Strategic Plan.
- CFAR Advisory Committee(s) authority and responsibility.

Any changes in these items from the Notice of Award will require concurrence of NIH.

INQUIRIES

- Electronic communication

The opportunity to clarify any issues or questions regarding CFARs or CFAR applications is welcome. Especially encouraged are inquiries through the CFAR web site:

<http://www.niaid.nih.gov/cfarpa.htm>

In addition to submitting inquiries at this web site, applicants may view inquiries by others, read the official NIH responses, and obtain suggestions for application organization.

- NIAID Program Staff

Questions regarding CFAR scientific issues, management issues, or issues on cores related to NIAID may be directed to:

Janet M. Young, Ph.D
Pathogenesis and Basic Research Branch
Division of AIDS
National Institute of Allergy and Infectious Diseases
Solar Building, Room 2C36B - MSC 7620
Bethesda, MD 20892-7620
Telephone: (301) 496-6714
Email: jy6r@nih.gov
FAX: (301) 402-3211

- NIAID Grants Management Staff

Questions on fiscal issues may be directed to:

Ms. Pamela Fleming
Grants Management Branch
Division of Extramural Activities
National Institute of Allergy and Infectious Diseases
Solar Building, Room 4C25 - MSC 7610
Bethesda, MD 20892-7610
Telephone: (301) 402-6580
FAX: (301) 480-3780
Email: pf49e@nih.gov

- CFAR Program Staff Contacts for Other Institutes.

Questions specifically related to program interests of other Institutes may be directed to:

NCI

Margaret Holmes, Ph.D.
Chief, Cancer Centers Branch
Division of Cancer Treatment, Diagnosis and Centers
National Cancer Institute
Executive Plaza North, Room 502
6120 Executive Plaza Boulevard
Rockville, MD 20852
Telephone: (301) 496-8531
FAX: (301) 402-0181
Email: mh67g@nih.gov

NHLBI

Elaine Sloand, Ph.D.
AIDS Coordinator
Office of the Director
National Heart, Lung and Blood Institute
9000 Rockville Pike/31-5A21
Bethesda, MD 20892
Telephone: (301) 496-3245
FAX: (301) 354-1290
Email: es38n@nih.gov

NICHHD

Anne Willoughby, Ph.D.
Chief, Pediatrics, Adolescent, and Maternal AIDS Branch
National Institute of Child Health and Development
6100 Executive Blvd/4B11H
Rockville, MD, 20852
Telephone: (301) 496-7339
FAX: (301) 496-8678
Email: aw55g@nih.gov

NIDA

Steven W. Gust, Ph.D.
Acting Director, Office on AIDS
National Institute on Drug Abuse
Parklawn Building, Room 10-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6480
FAX: (301) 443-4100
Email: sgust@nih.gov

NIMH

Dianne Rausch, Ph.D.
Senior Scientist
Office on AIDS Research
National Institute of Mental Health
Parklawn Building, Room 10-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7281
FAX: (301) 443-7274
Email: dr89b@nih.gov

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance, 93.856 - Microbiology and Infectious Diseases Research and 93.855 - Immunology, Allergy and Transplantation Research. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410, as amended by Public Law 99-158, 42 USC 241 and 285) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.